Lessons From the Practice

Just One Night for Mr John Doe

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The hospital census rises sharply during the harsh winter months. One patient looms in my memory.

He is found shortly after 10 PM in an abandoned car, and the race against time begins. An emergency service ambulance speeds through the maze of icy streets, building momentum with each passing block. The attendants burst through the clanging emergency department doors.

A tall, middle-aged man lies motionless on the gurney. The odor emanating from his body smells like raw sewage. His face looks like a dirt road too often traveled, with deep grooves, potholes, and a myriad of intersecting lines. His eyes recede deep in their sockets, dull gray like an overcast sky. His matted hair and wiry beard are alive with small black crawling insects.

He is shrouded in a long, ragged, grease-stained trench coat fastened at the top by a large safety pin, the kind used to secure laundry bags. A lamp cord belt cinches his waist. His tattered trousers balloon like ship sails in poor repair. The bottoms of his shoeless feet are as black as any asphalt road and twice as tough. Charcoal-colored hands feel like weather-beaten leather gloves. He is unconscious and hypothermic. The radial pulse is thready and feeble; respirations are rapid and shallow. He feels as cold as ice. Miraculously, he does not suffer severe frostbite. The patient is corpse-like, forgotten, like most of the dead.

We call him John Doe for lack of a better name and admit him immediately to the intensive care unit. We begin the process of resurrecting this blighted soul.

Everything considered, Mr Doe is quite fortunate. The nurses bathe, shave, and feed him like a king. We diagnose and treat a severe bilateral pneumonia. Several days of intensive care improve Mr Doe's outward appearance. Little intrinsic change occurs, however. He hoards food from his tray. His eyes dance furtively like a wild boar in captivity. His communicative repertoire consists of "yes," "no," or a blank, faraway stare.

After ten days of psychiatric consultation, Mr Doe establishes a rapport with a social worker, who discovers that he is a Vietnam veteran from Ohio. Several days later he is transferred to the Veterans Affairs hospital. Mr Doe is fortunate. The number of homeless persons in this country ranges from 250,000 to 3 million. The percentage of mentally ill in the homeless population may be as high as 91%. The loss of labor force and potential is devastating.

Mr Doe is a bona fide medical save. Through a large expenditure of dollars and time, our medical team tricked death on his behalf. In private, we grapple with the consequences of our actions: the prolongation of life versus suffering.

Mr Doe teaches us that the homeless are not simply bums; they are persons who may have complex medical and psychological problems. The need for public, private, medical, and governmental awareness and commitment to the homeless is imperative. The solution to the problem will not be found in just one night but in the dawn of our understanding and resolve.

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"Lessons From the Practice" presents a personal experience of practicing physicians, residents, and medical students that made a lasting impression on the author. These pieces will speak to the art of medicine and to the primary goals of medical practice—to heal and to care for others. Physicians interested in contributing to the series are encouraged to submit their "lessons" to the series' editors.

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